

CALIFORNIA ARCHITECTS BOARD

400 R STREET, SUITE 4000, SACRAMENTO, CALIFORNIA 95814-6238 Telephone: (916) 445-3393 Fax: (916) 445-8524 E-mail: cab@dca.ca.gov

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Test Application Form Arch itect Registration Exam ination

TYPE OR PRINT CLEARLY IN IN	NK					
NAME:	ID #:					
NAME:(LAST / FIRST / MIDDLE)	NCARB FILE #1:					
KNOWN BY ANY OTHER NAME: B (INCLUDE MAIDEN NAME)	BIRTHDATE (MONTH / DAY / YEAR)://					
ADDRESS:						
CITY: STATE: ZIP COI	COUNTY CODE(See reverse)					
CITY: STATE: ZIP COI	DE: COUNTRY:					
☐ CHECK BOX IF ABOVE ADDRESS IS A CHANGE OF ADDRESS						
WORK PHONE: () HOME	PHONE: ()					
SOCIAL SECURITY # ² :	SEX: □ MALE □ FEMALE					
☐ Check box if requesting reasonable accommodation Disabilities Act ¹	ns pursuant to the Americans with					
\$100 ☑ Eligibility Review Fee Amount of Enclosed Check: \$ This fee is non-refundable and will cover the administrative cost of application processing and eligibility review. It is required for all candidates.						
Attach a check for the \$100 Eligibility Review Fee. Make the check payable to the CALIFORNIA ARCHITECTS BOARD.						
I certify under penalty of perjury under the laws of the State of Ca information on this application is true and correct.	alifornia that the					
Signature:	FOR OFFICE USE ONLY					
Date:	Receipt #					
The information requested on this application is required under Sections 5526, 5552 of the Business and Professions Code. All items are mandatory. The info	, 5550, 5551, and					
will be used to determine qualifications for licensure. The Executive Officence responsible for information maintenance.						
Please see instruction letter for more information.						
² Disclosure of your social security number is mandatory. Collection is authorized by Section 30) of the Business and					

Professions Code and Public Law 94-455 [42 U.S.C.A. 405(c)(2)(C)]. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing status and the licensin examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty

(OVER)

against you.

	egistration denied, suspe public agency in any sta			□ NO	
Have you ever plead	ed guilty or been convict	ed by a court of an offe	ense?	□ NO	
				case number, code section ther name, please indicate	
NOTE: CONVICTIONS DISMISSED UNDER SECTION 1203.4 OF THE PENAL CODE MUST BE SHOWN. YOU MAY OMIT:					
 a. Traffic infractions for which the fine imposed was \$150 or less. b. Any offense which was adjudicated in a juvenile court or under a youth offender law. c. Any incident that has been sealed or disposed under Welfare and Institutions Code Section 781 or Penal Code Sections 1000.5 and 1203.45. ALL OTHER CONVICTIONS MUST BE INDICATED					
ADDITIONAL SPACE:					
COUNTY CODE	LIST:				
Alameda 1 Alpine 2 Amador 3 Butte 4 Calaveras 5 Colusa 6 Contra Costa 7 Del Norte 8 El Dorado 9 Fresno 10 Glenn 11 Humboldt 12	Imperial 13 Inyo 14 Kern 15 Kings 16 Lake 17 Lassen 18 Los Angeles 19 Madera 20 Marin 21 Mariposa 22 Mendocino 23 Merced 24	Modoc 25 Mono 26 Monterey 27 Napa 28 Nevada 29 Orange 30 Placer 31 Plumas 32 Riverside 33 Sacramento 34 San Benito 35 San Bernardino 36	San Diego 37 San Francisco 38 San Joaquin 39 San Luis Obispo 40 San Mateo 41 Santa Barbara 42 Santa Clara 43 Santa Cruz 44 Shasta 45 Sierra 46 Siskiyou 47 Solano 48	Sonoma 49 Stanislaus 50 Sutter 51 Tehama 52 Trinity 53 Tulare 54 Tuolumne 55 Ventura 56 Yolo 57 Yuba 58 Out of State 99 Out of Country 00	